
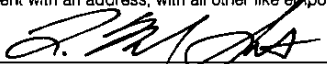


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90051 041 ****61.25

DOCUMENT # 730606 1. Entity Name ROTARY CLUB BUILDING CORPORATION					
Principal Place of Business 2349 TAYLOR ST HOLLYWOOD, FL 33020 US			Mailing Address P. O. BOX 1023 HOLLYWOOD, FL 33022 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MALCOLM, SMITH F 1700 PIERCE STREET 801 HOLLYWOOD, FL 33020 <div style="text-align: center;"> F. MALCOLM SMITH P.O. BOX 220184 HOLLYWOOD, FL 33022-0184 </div>				Name Street Address (P.O. Box Number is Not Acceptable) 801 City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	FVP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEWIS, ROBERT A		NAME		
STREET ADDRESS	2640 HOLLYWOOD BLVD		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOSTER, SCOTT		NAME		
STREET ADDRESS	2020 WASHINGTON ST.		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33020		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZANG, JOE		NAME		
STREET ADDRESS	1700 PIERCE STREET		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33020		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, MALCOM F		NAME		
STREET ADDRESS	1700 PIERCE STREET 801		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33020		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ERICKSON, DAVID		NAME		
STREET ADDRESS	1460 SHERIDAN STREET		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERNANDEZ, PEDRO		NAME		
STREET ADDRESS	2220 TAYLOR STREET		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33026		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			3-30-05 954-927-1421		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		